

DEPARTMENT OF HEALTH SERVICES

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December 18, 2000

N.L: 09-0900

Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL CONSULTANTS
AND STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: COCHLEAR IMPLANTS (SUPERCEDES N.L: 02-0796)

I. Background

Cochlear implantation is an alternative to hearing aids for a percentage of the deaf/hard of hearing population with minimal or no usable residual hearing sensitivity. Successful implantation is dependent not only on the excellence of the surgery, but on the coordinated activities of a multidisciplinary team that includes an otolaryngologist, audiologists, speech/language pathologists, psychologists, teachers of the deaf, the parent/caregiver, and the child.

Cochlear implants have been a benefit of the Medi-Cal program since January 1996 when performed at Medi-Cal approved "Centers of Excellence." CCS program staff participated in the development of the criteria for approval of these centers and continue to participate in reviewing applications from facilities wishing to perform implants on individuals under 21 years of age. CCS will only authorize cochlear implants at "Centers of Excellence" approved by Medi-Cal.

The "Centers of Excellence" that have been approved by Medi-Cal to perform cochlear implants on individuals under 21 years of age are:

- Children's Hospital Oakland
- House Ear Institute, Los Angeles (surgery performed at St. Vincent's Hospital)
- University of California, Davis
- Children's Hospital of San Diego

Requests for an implant may come from multiple sources, similar to any referrals to the CCS program. However, the actual evaluation of the appropriateness for an implant MUST be done by one of the Medi-Cal approved "Centers of Excellence".

Although the Medi-Cal program considers a cochlear implant a benefit for both children and adults, the medically necessary pre and post-implant services are only available as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services to Medi-Cal beneficiaries under 21 years of age. Unique State-only Health Common Procedure Coding System (HCPCS) codes have been developed to describe these pre and post-implant services that will facilitate the authorization of and reimbursement of these services.

II. Policy

- A. Effective immediately, cochlear implants are a benefit of the CCS program for both Medi-Cal beneficiaries and CCS-only clients when performed at a Center approved by the Medi-Cal program.
- B. Children eligible for implantation shall meet the following criteria:
- Diagnosis of bilateral sensorineural deafness (severe to profound hearing loss in the speech range [500-2000 Hz])
 - Current Federal Food and Drug Administration standards for age of implantation
 - Evidence of no functional benefit from appropriately fitted hearing aids
 - Accessible cochlear lumen, with no lesions in the auditory nerve and in the acoustic areas of the central nervous system
 - No infection or other active disease of the middle ear
 - No contraindications to anesthesia or surgery
 - Cognitive ability to use auditory cues
 - Motivation of candidate and/or commitment of family/caregiver(s) to undergo a program of training and long-term rehabilitation

- Realistic expectations of the candidate and/or family/caregiver(s)
- Willingness to enroll in most appropriate educational program to obtain maximum benefit
- Reasonable anticipation that the implant will confer awareness of speech at conversational levels
- Recommendation from a Medi-Cal approved Cochlear Implant Center

C. There are three stages to approval of cochlear implant services.

1. Pre-implant evaluation

To determine the appropriateness of the cochlear implant, the program shall authorize a pre-implant evaluation that may include:

- Audiologic evaluation
- Acoustic Immitance/Impedance testing
- Auditory brain stem response
- Speech and language evaluation
Speech perception testing*
- Oral motor evaluation*
- School consultation in the classroom
- Psychology evaluation
- Physical examination by physician
- Radiology services, such as CAT scan

- Cochlear implant counseling*
- Hearing aid testing
- Second audiologist as test assistant*
- Special care center services (e.g., team conferences)

The services listed above identified with a "*" are represented by newly created codes specific to a cochlear implant. (Information on these codes can be found in Enclosure 1.) The other services already have Medi-Cal codes assigned to them, depending on the exact service provided.

2. Surgical procedure

3. Post-implant services

After implantation, the CCS program shall authorize the following post-implant services:

- Cochlear implant orientation*
- Aural rehabilitation, cochlear implant*
- Audiologic services to include evaluation services and testing
- Speech and language evaluation
- Speech and language rehabilitation, by speech/language pathologist
- Speech rehabilitation by audiologist, cochlear implant*
- Cochlear implant recheck/trouble shooting
- Speech perception tests*
- Mapping/programming of implant*

- Sound field testing, cochlear*
- Special care center services*
- School consultation, in the classroom
- Replacement and repair of components
- Expendable supplies, including batteries
- Handling of equipment

The services identified with a "*" are represented by newly created codes specific to a cochlear implant. (Information on these codes can be found in Enclosure 1.) The other services already have Medi-Cal codes assigned to them, depending on the exact service provided.

III. Policy Guidelines

A. Requests for cochlear implant evaluation

- 1 A request for a pre-cochlear implant evaluation shall be forwarded by the county CCS program or Regional Office to Sacramento to the CMS Branch Central Office EPSDT Supplemental Services Coordinator. Included with the request shall be:
 - "Pre-implant" questionnaire (see Enclosure 2) completed by referring audiologist
 - current audiological reports, including test results, with and without hearing aids
2. After review of the information one of the CMS Branch's Audiology Consultants may recommend the authorization of the evaluation at an approved Cochlear Implant Center.
3. If a pre-cochlear implant evaluation is recommended, the local CCS program or Regional Office shall authorize the evaluation to include the services described in II.C.1. above.

4. If in the professional judgement of the Audiology Consultant it is determined that the child does not appear to meet the criteria for cochlear implantation, the CCS program Audiology Consultant will confer with both the child's audiologist and the Cochlear Implant Center to determine possible alternatives. (Many of these children may need additional evaluation and consultation to determine other options.)

B. Requests for cochlear implant surgery

- 1 All requests for cochlear implant surgery whether for a Medi-Cal eligible beneficiary or for a CCS-only client, are to be forwarded to the CMS Branch Central Office EPSDT Supplemental Services Coordinator for review by one of the CMS Branch's Audiology Consultants.
2. If the CMS Branch program is in agreement with the Cochlear Implant Center team's recommendation, a notification of approval will be forwarded to the county CCS program or Regional Office.
3. The county CCS program or Regional Office shall issue separate authorizations to the following:
 - a) The surgeon for implantation of the device (Current Procedural Terminology-4 code 69930)
 - b) The facility at which the implant will be done for an inpatient hospital stay or outpatient services (if there is not to be an inpatient stay); **AND**
 - c) The facility for the cochlear device (HCPCS code L8614), stating that a supplier's invoice indicating acquisition costs must accompany the claim
 - d) The physician doing intraoperative monitoring

C. There must be a separate authorization to the Cochlear Implant Center for:

- 1 Pre implant therapy services, which may include aural rehabilitation or speech/language pathology

2. Post implant services (as described in II.C.3 above)
 - a) These services are to be authorized for a time period starting after surgery and ending at the end of the client's annual eligibility period.
 - b) These services are then to be authorized by the county CCS program or Regional Office on an annual basis, as long as the client maintains CCS program eligibility.
- D. There shall be an authorization issued to a local audiologist and/or speech pathologist who will work in conjunction with the staff at the Cochlear Implant Center.
- E. If it is determined that the CCS client does not meet criteria for Cochlear implant, the health care professional making the decision will be responsible for generating a Notice of Action to the family.
- F. Processing of claims

- 1 Medi-Cal eligible beneficiaries

- a) Pre and post-implant services (II.C.1. and II.C.3.)

These claims shall be processed as an EPSDT Supplemental Service, as referenced in Numbered Letter 05-0896 (e.g., a TAR number entered on the claims for these services must show ten zeros plus a "four")

- b) Cochlear implant surgery (II.C.2 above)

These claims shall be processed as a regular Medi-Cal service, as referenced in Numbered Letter 05-0896 (e.g., a TAR number entered on the claims for these services must show ten zeros plus a "eight")

- c) School consultation and expendable supplies

- Claims for consultation in the school classroom and for expendable supplies for cochlear implants, such as cords, Magnets, processors or cables must be billed using Z5999.

Claims for these services must be separately billed and the claims forwarded to the CMS Branch, Central Office, Attn: Jo Monday, The claims will be priced prior to submission to Electronic Data Systems (EDS).

2. CCS-only clients

a) For counties whose claims are reimbursed by EDS,

i. Pre and post-implant services (II.C.1. and II.C.3.) and cochlear implant surgery (II.C.2. above)

- Process the claim, as per Numbered Letter 05-0896
- Forward the claim to EDS.

ii. School consultation and expendable supplies

- Claims for consultation in the school classroom and for expendable supplies for cochlear implants, such as cords, magnets, processors, or cables must be billed using Z5999.
- Claims for these services must be separately billed and the claims forwarded to the CMS Branch, Central Office, Attn: Jo Monday. The claims will be priced prior to submission to EDS.

b) For counties who are paying their own CCS-only claims pending conversion to EDS, reimburse the services according to the rates identified on the Attachments and the Procedure Master File.

i. Pre and post-implant services (II.C.1. and II.C.3.) and cochlear implant surgery (II.C.2. above)

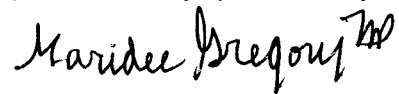
- Reimburse the services according to the rates identified on the Attachments and the Procedures Master File.

ii. School consultation and expendable supplies

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- Reimburse the school consultation per the rate identified on the attachment. Questions regarding the pricing of the expendable supplies should be directed to Jo Monday, (916) 657-3093.

If you have any questions, please contact your Regional Office Audiology Consultant.

A handwritten signature in black ink that reads "Maridee Gregory" followed by a stylized monogram or initials.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Enclosure 1

**Cochlear Implant Service Codes
EPSDT Supplemental Services**

Code	Description	Price
Z 5942	Aural rehabilitation following cochlear implant, 30 minutes	\$ 56.16
Z 5950	Cochlear implant counseling of patient/family, per hour	112.32
Z 5952	Second audiologist as test assistant	33.02
Z 5954	Pre-implant oral motor evaluation,	21.32
Z 5956	Speech perception testing	21.32
Z 5958	Cochlear implant mapping/programming, per hour	112.32
Z 5962	Post-implant speech rehabilitation by audiologist, per 30 minutes	56.16
Z 5964	Cochlear implant recheck and/or trouble shooting	56.16
Z 5966	Cochlear implant orientation	112.32
Z 5968	Post-implant sound field testing, per 30 minutes	33.02
Z 5999	School consultation, in classroom, per hour	112.32

DEPARTMENT OF HEALTH SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

PRE-COCHLEAR IMPLANT QUESTIONNAIRE

(REFERRAL SOURCE TO COMPLETE)

CHILD'S NAME _____

Date of Birth _____ County _____

To be completed by CCS office:

CCS Number: _____

☐ Medi-Cal (Medi-Cal I.D. # _____) ☐ Healthy Families ☐ CCS-only

Audiology provider

Name _____

Facility _____

Address _____

Telephone _____ FAX _____ E-Mail _____

PLEASE ENCLOSE:

- ☐ current reports of audiological evaluation, including current audiogram
- ☐ electroacoustic hearing aid data
- ☐ hearing (aided vs. unaided) thresholds
- ☐ current make and model of hearing aid(s)
- ☐ current reports of testing done, including auditory integration and speech perception

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH EITHER A YES OR NO

Cognitive ability to use auditory cues:

Circle one

- | | | |
|---|---|--|
| Y | N | Does child cooperate during clinic visits? |
| Y | N | Does child comprehend speech/signing used during your interaction? |
| Y | N | Does child understand and respond to commands? |
| Y | N | Does child use situational cueing for understanding? |
| Y | N | Is child aware of speech as communication medium? |
| Y | N | Does child include expression (facial or body language) in communication? |
| Y | N | Does child use voice without signs for communication? |
| Y | N | Does child attempt to use oral communication? |
| Y | N | Does child play interactively with other children and/or family members? |
| Y | N | Is child considered immature, dependent on others to initiate action? |
| Y | N | Do parents comply with clinical recommendation for carry over in the home to obtain maximum use of amplification and for keeping appointments? |
| Y | N | Are parents aware that cochlear implantation requires a surgical procedure? |
| Y | N | Are parents aware that there is an external device worn with the cochlear implant unit? |
| Y | N | Are the parents informed of all options available to deaf children? |

DEPARTMENT OF HEALTH SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

ASSESSMENT OF:

Motivation of candidate and/or commitment of family/care giver(s) to undergo a program of a prosthetic fitting and long-term rehabilitation:

Realistic expectations of the candidate and/or family/care giver(s) for post implant educational/vocational rehabilitation as appropriate:

Child's educational program:

Child's individual rehabilitation program:

Additional Comments:

name of audiologist completing report

date report completed